

Name
in
Full

Reatha M Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

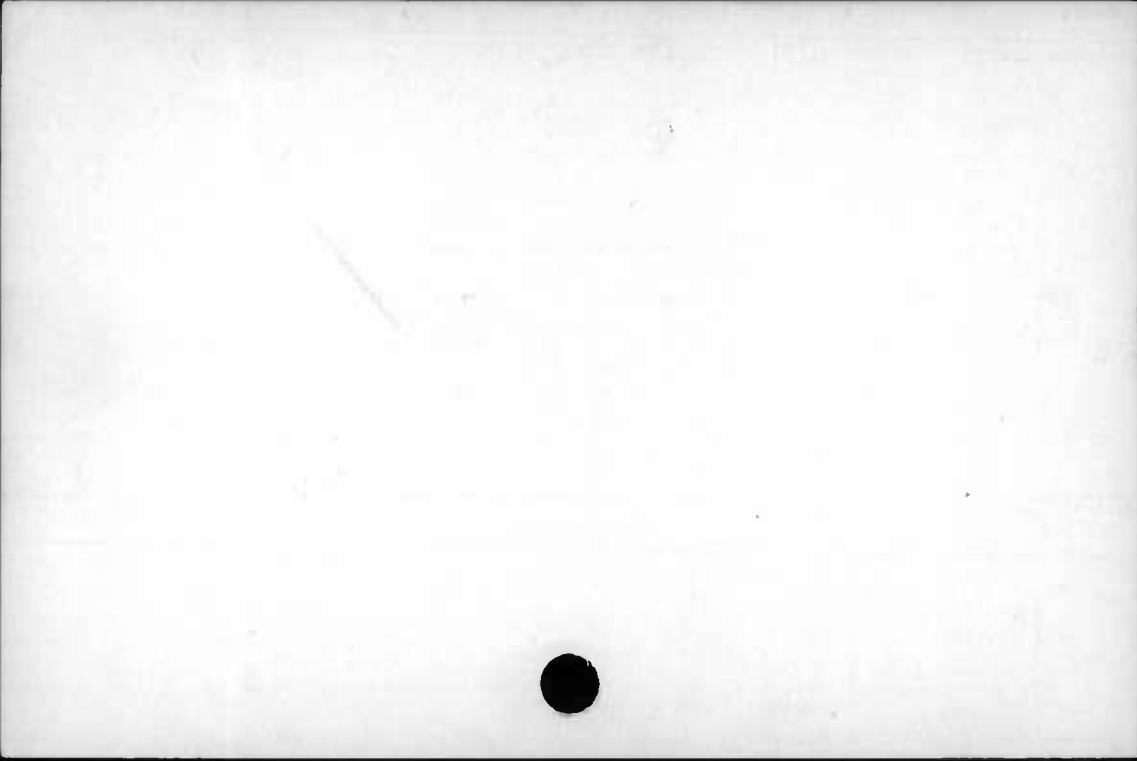
Died at <u>Boston</u> ^{Town}		<u>Caroline</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Sept</u>	Day <u>8</u>	Age <u>40</u> Years	Months <u>10</u> Days <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Ulysses G Adams</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Narah E Townsend</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Ulysses G Adams</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>3 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. L. Noble</u>	
<u>Yes</u>		Address <u>Boston Md.</u>	
Accident or Suicide? <u>—</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Richard W. Carter*

Died at *Mar Anderson* Town *Caroline* County -

State *MARYLAND*

Date of death *1907* Month *9* Day *18* Age *23* Years Months Days

Sex *Male* Color or Race *White* Birth place *Md.*

Occupation *Laborer* Where Residing if not at place of death -

Married, Single or Widowed *Single* Name of Wife or Husband -

Father's Name *Charles W. Carter* Father's Birthplace *Md.*

Mother's Maiden Name *Jane Cory* Mother's Birthplace *Md.*

Name of person giving information *Elmer E. Carter* How related to deceased *Brother.*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis one year* How long

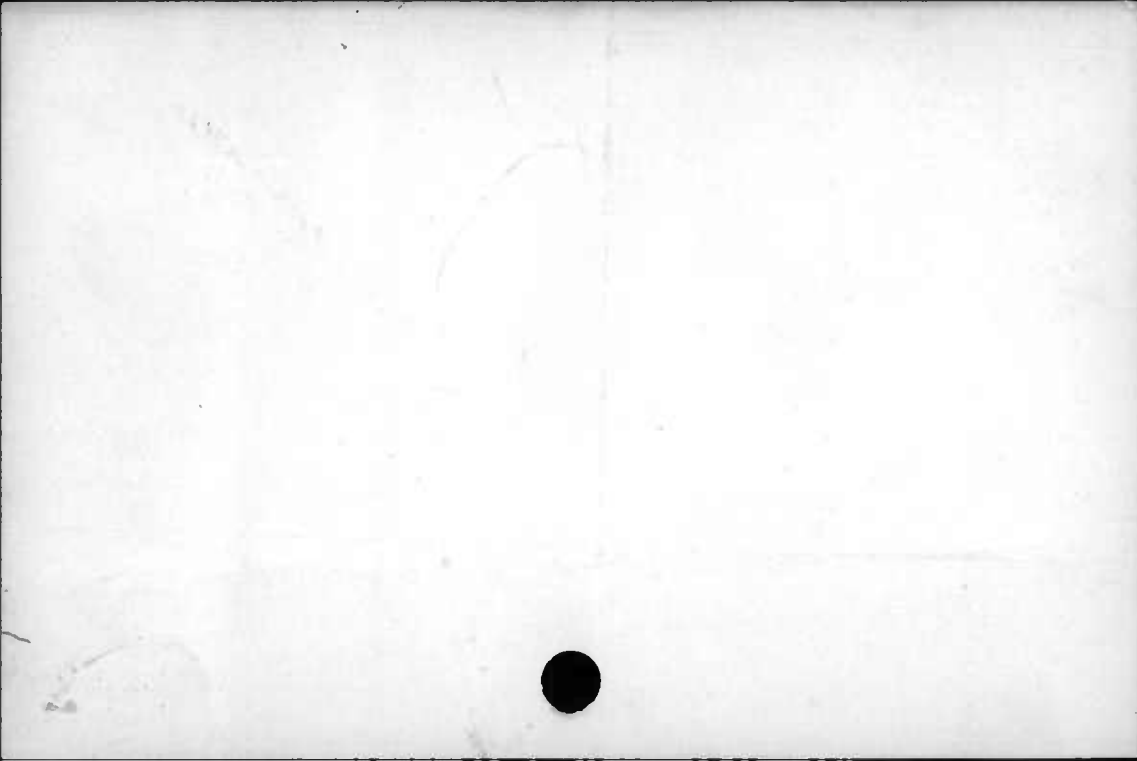
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. R. Smith, M.D.*

Address *Greenville Md.*

Accident or Suicide?



Name in Full		Certificate of Death			
Anne Gault		Town Federalburg		County Caroline	
Died at		Date of death		Maryland	
1907		Month Sep		Day 11	
Age		Years 80		Months Days	
Sex female		Color or Race white		Birthplace md	
Occupation retired		Where Residing if not at place of death			
Married, Single or Widowed widow		Name of Wife or Husband John Gault			
Father's Name unknown		Father's Birthplace unknown			
Mother's Maiden Name unknown		Mother's Birthplace unknown			
Name of person giving information J. Williams		How related to deceased son-in-law			
CAUSES OF DEATH					
Primary		Chronic Nephritis		How long several years	
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		R. Kemp Jefferson			
Address		Federalburg md			
Accident or Suicide?					



Name
in
Full

Nora E Cheezum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died ^{Town} near Preston ^{County} Caroline MARYLAND

Date of death 1907 ^{Month} April ^{Day} 10 ^{Age} 5 ^{Years} ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place} Maryland

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name John F. Cheezum ^{Father's Birthplace} Maryland

Mother's Maiden Name Mary E. Ross ^{Mother's Birthplace} Maryland

Name of person giving information John F. Cheezum ^{How related to deceased} Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever ^{How long} 1 week

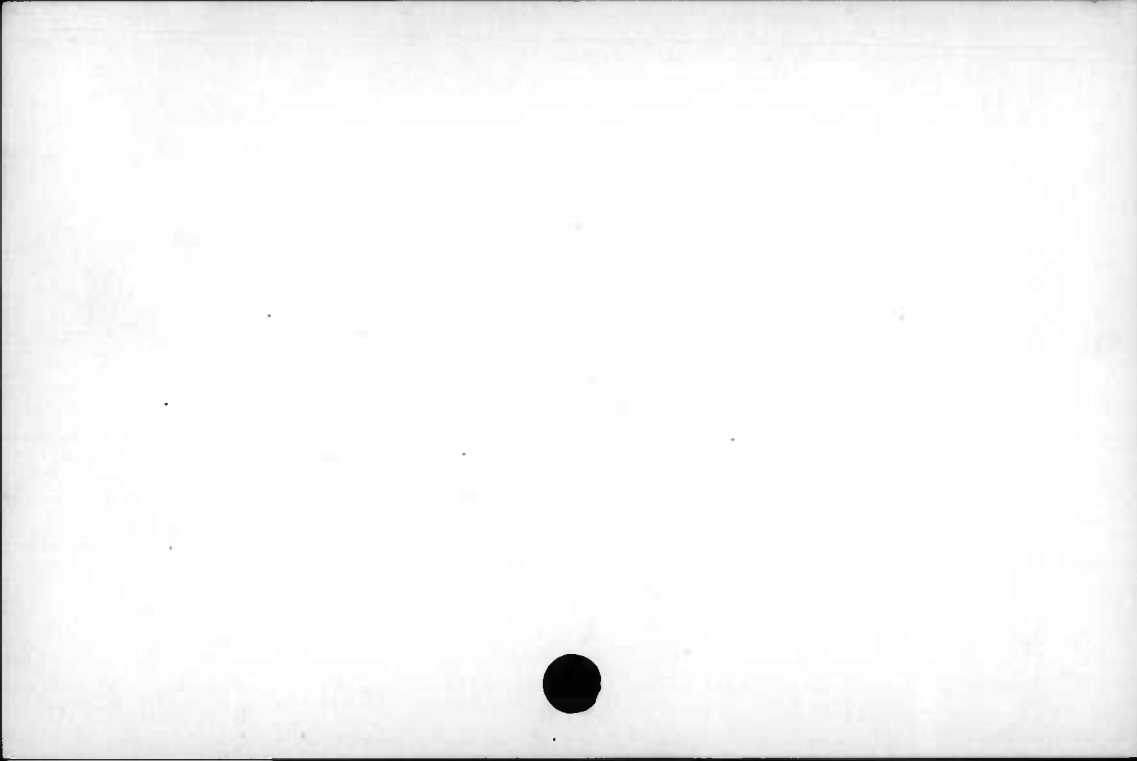
Immediate Meningitis ^{How long} 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. L. Hobbs

Address Preston Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

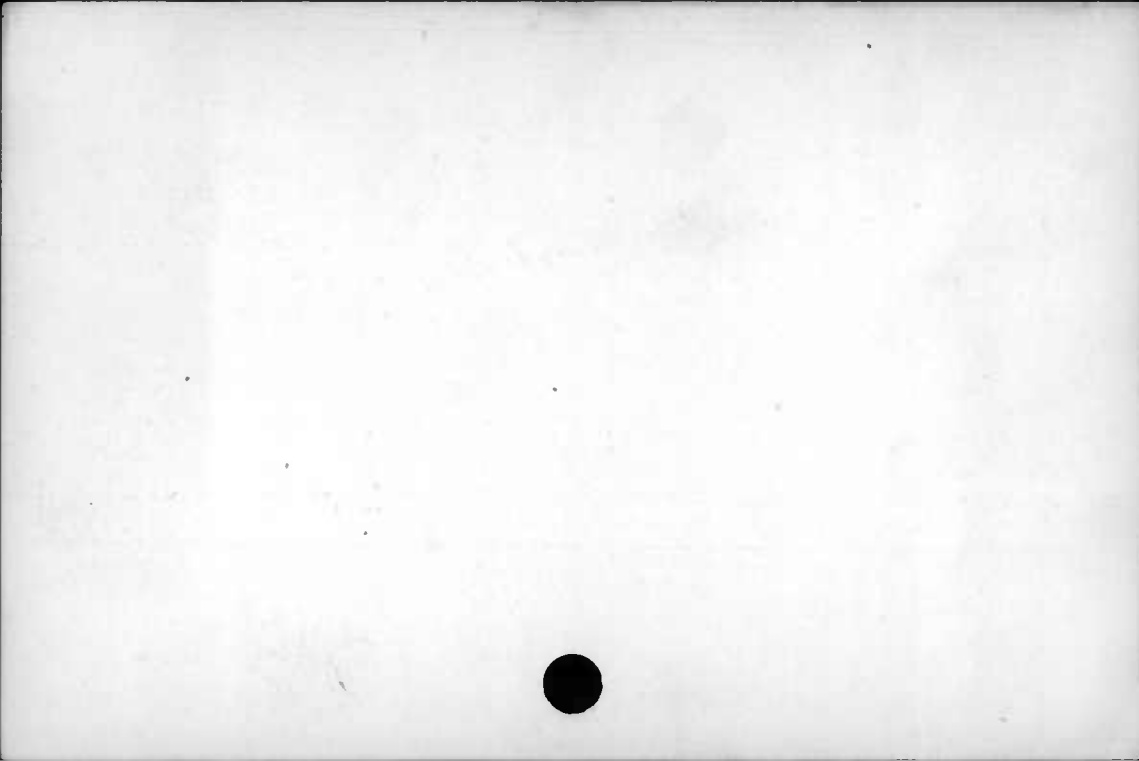
~~Stymour~~ *leah*
Died at *New Grave* Town *Coraline* County
Date of death *1907* Month *Sept* Day *6* Age *2 1/2* Years Months Days
Sex *Female* Color or Race *White* Birth-place *Philadelphia*
Occupation *None* Where Residing if not at place of death *New Grave*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *John Cohen* Father's Birthplace *MD*
Mother's Maiden Name *Angela Whiteside* Mother's Birthplace *MD*
Name of person giving information *B Whiteside* How related to deceased *Grandfather*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Chronic Illness* How long *4 weeks*
Immediate *SI* How long
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Stymour Dawnes*
Address *Weston*
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

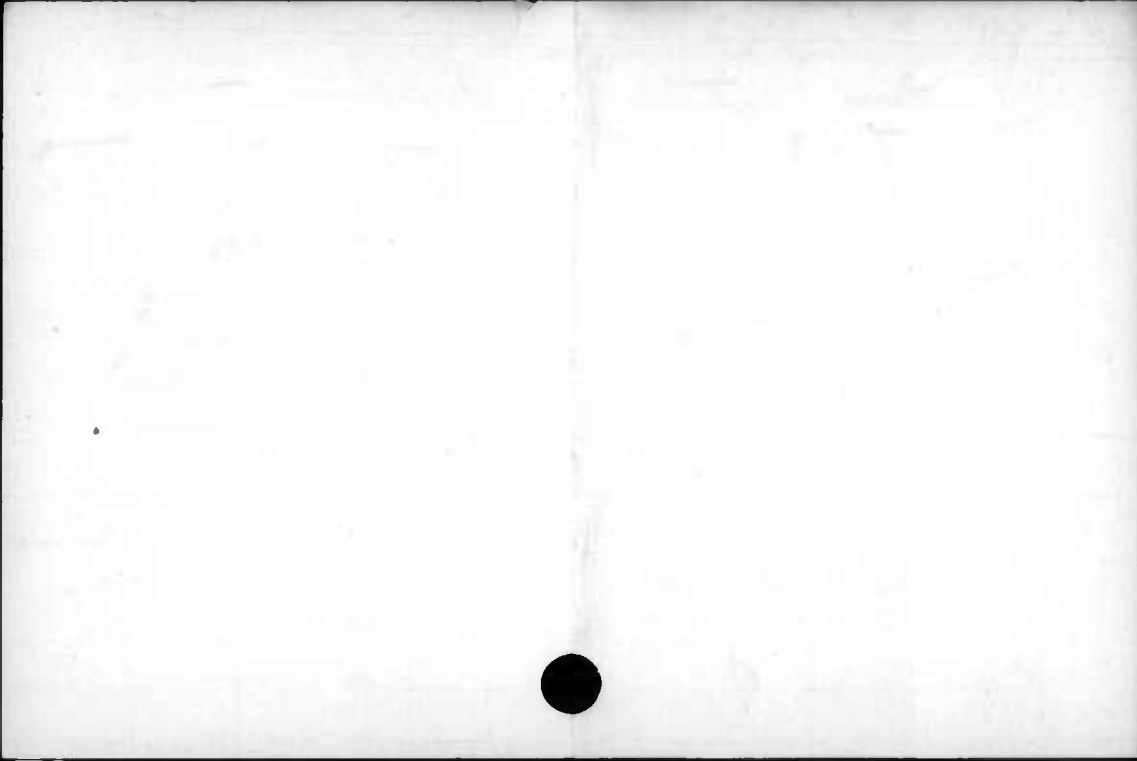
Name in Full <i>William Henry Cook</i>		Town <i>Preston</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at		Date of death		Age		Months	
<i>Preston</i>		<i>1907 Sep 14</i>		<i>72</i>			
Sex <i>Male</i>		Color or Race <i>Dark</i>		Birth-place <i>Md.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rhoda Buntun</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Abert Cook</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>one year</i>
Immediate	<i>Paralysis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John A. Hadway</i>	
		Address	
		<i>Preston Md.</i>	
Accident or Suicide?			



Name
in
Full

Virginia Cosson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at' <i>Thomas Town</i> Town		<i>Coralie</i> County		MARYLAND	
Date of death	<i>1907</i> Year	<i>9</i> Month	<i>5</i> Day	Age	<i>1</i> Years
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place	<i>Coralie, Md.</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Addison Cosson</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Cornilla Jackson</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Horton</i>		How related to deceased			

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary	<i>Malarial Fever</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. Hockett, M.D.</i>	
Address <i>Lucen Ave Md.</i>			
Accident or Suicide? <i>no</i>			



Name
in
Full

Crosby -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

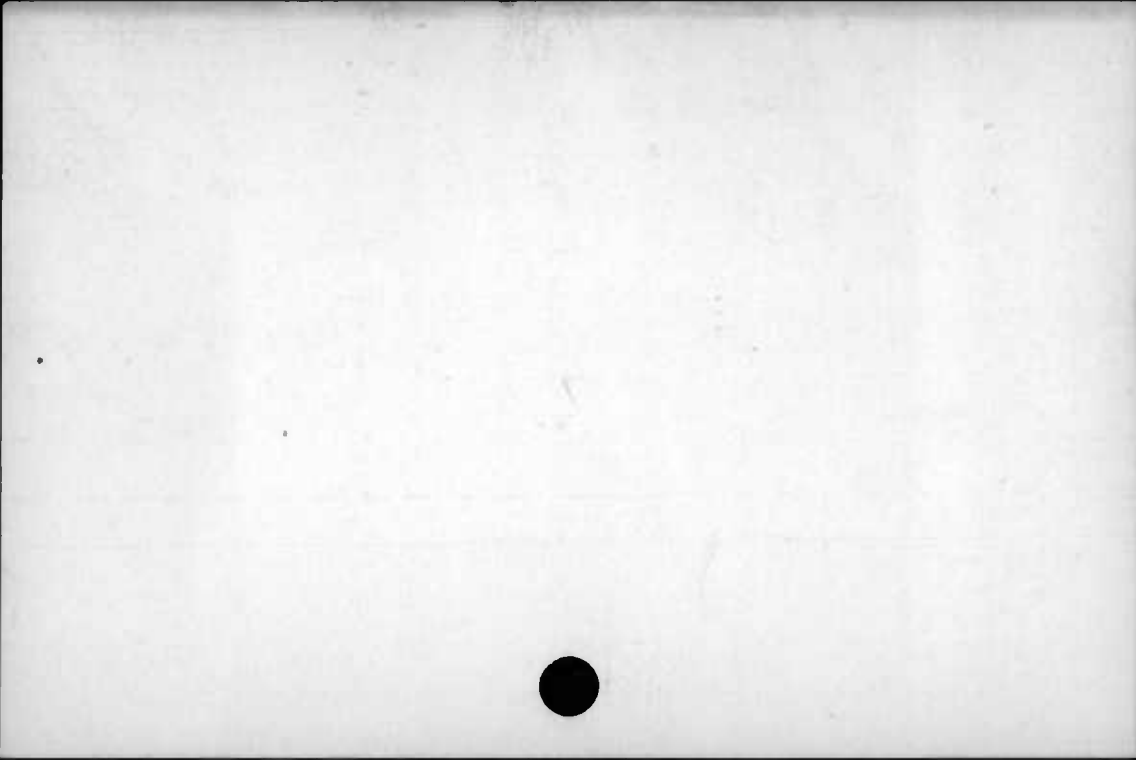
Died at <i>Denton</i> <small>Town</small>		<i>Caroline</i> <small>County</small>			
Date of death <i>1907</i>	Month <i>9</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Denton</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>E. M. Crosby</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>James E. Bell</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>J. M. Mitchell M.D.</i>
<i>—</i>	Address <i>Denton Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Albert Dennis

CERTIFICATE OF DEATH

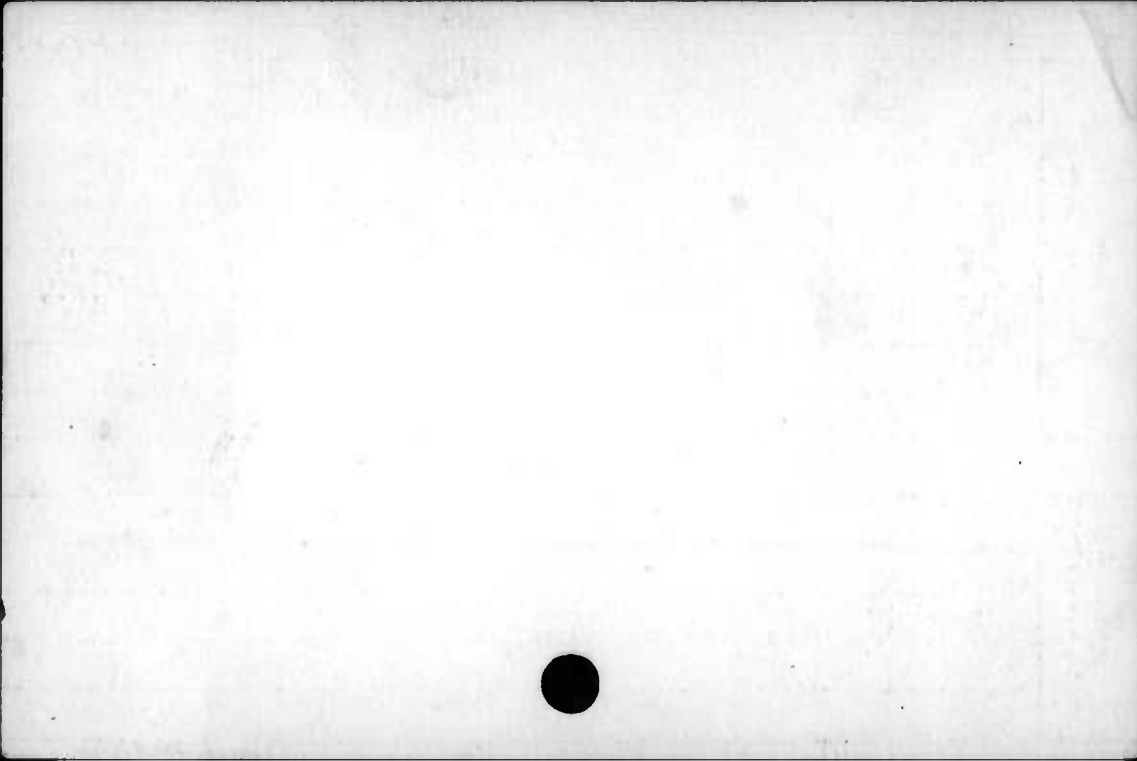
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dublin</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>Sept</i> Day	<i>10</i> Age	<i>3</i> - Months	<i>-</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death		<i>Dublin</i>	<i>1211</i>
Married, Single or Widowed	<i>-</i>	Name of Wife or Husband <i>-</i>			
Father's Name	<i>Albert Dennis</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Daisy Anderson</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Martha Mitchell</i>			How related to deceased	<i>Grandmother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>6 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>Suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Escoch George M D</i>
Accident or Suicide?		Address	<i>Dublin Md</i>



Name

in
Full

Oliver Wendell Downes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>1</i>
Age	<i>—</i>	Years	<i>—</i>	Months	<i>6</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ridgely</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Ernest Downes</i>			Father's Birthplace	<i>Caroline Co</i>
Mother's Maiden Name	<i>Sara Matthews</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Ernest Downes</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Summer Complaint</i>	How long,	<i>Sub all life</i>
Immediate		How long	<i>Summer Complaint</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. Davis</i>		
	Address <i>Frederick health</i>		
	<i>Ridgely Md</i>		
Accident or Suicide?	<i>9</i>		



Name
in
Full

CERTIFICATE OF DEATH

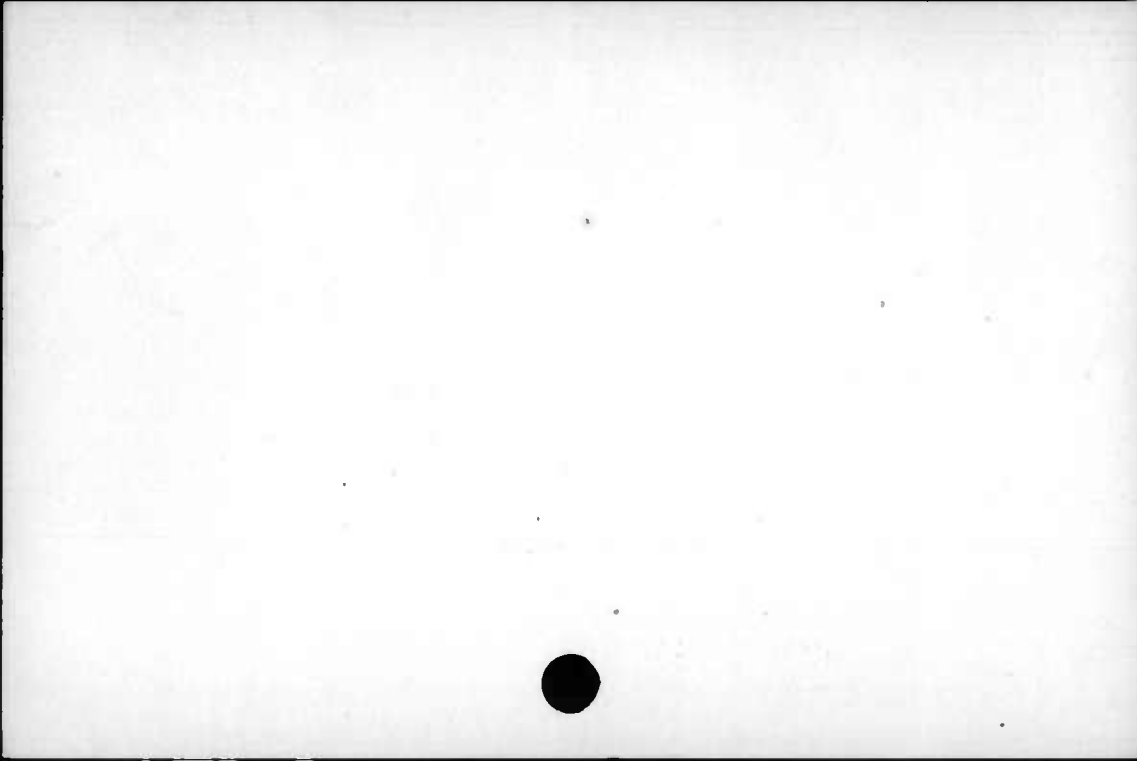
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Rufus Haind		Town Near Bethune		County Caroline		State MARYLAND	
Died at		Date of death		Age		Where Residing if not at place of death	
Month 7		Day 23		Years 7		Months 4	
Sex male		Color or Race Black		Birthplace Maryland			
Occupation —		Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Charles Bitcher		Mother's Maiden Name Russie Haind		Father's Birthplace Maryland		Mother's Birthplace Maryland	
Name of person giving information Walter Simpson				How related to deceased none			

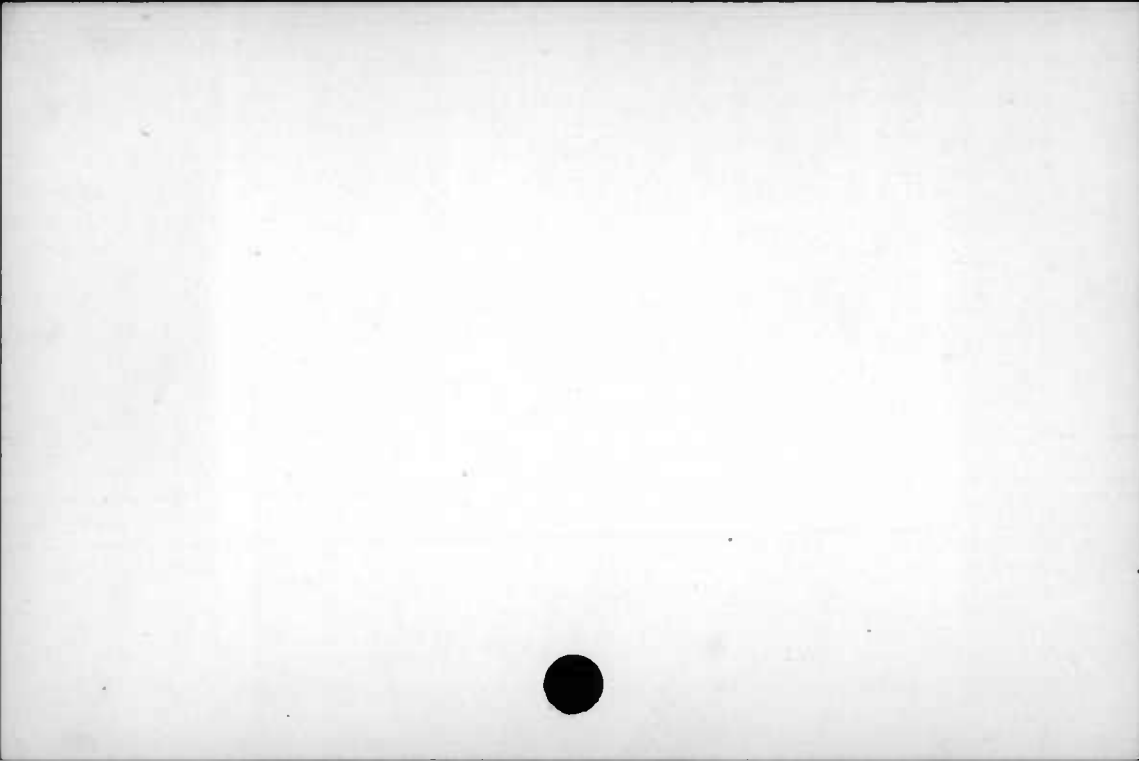
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Manacurus		How long 1 month	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. L. Hobbs	
		Address Boston Md	
Accident or Suicide?			



Name in Full		Annie Griffin				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Greensboro		County		Carver -	
	Date of death		1907	Sept.	Day	9	Age	42
	Sex		Female		Color or Race		White	
	Occupation		Housewife		Birth-place		Greensboro N.C.	
	Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Wife of Alex Griffin -	
	Father's Name		Levon Edge -		Father's Birthplace		N.C.	
	Mother's Maiden Name		Dippie		Mother's Birthplace		N.C.	
Name of person giving information		Chas. Pittsford		How related to deceased		None		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Neuralgia + Int. Obstruction				How long	4 days -
	Immediate		Toxaemia				How long	24 hours -
	Are the name, age, sex, color, date and place correctly given above?		No		Signature of Physician		J. R. M. Allen	
					Address		Greensboro	
	Accident or Suicide?						N.C.	



Name In Full <i>None - Hursey -</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Greensboro</i> Town		<i>Caroline</i> County
	Date of death <i>1907 Sept. 7</i>		Age <i>7</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Greensboro</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>	
	Father's Name <i>Helaymi Hursey -</i>	Father's Birthplace <i>M.D.</i>	
	Mother's Maiden Name <i>Nellie Foster -</i>	Mother's Birthplace <i>M.D.</i>	
Name of person giving information <i>Helaymi</i>		How related to deceased <i>Foster -</i>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Still Born</i>		How long <i>—</i>
	Immediate <i>—</i>		How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. R. McNamee</i>
	Address <i>Greensboro</i>		
Accident or Suicide?		<i>M.D.</i>	



Name
in
Full

Robert T. Jasler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Neor* ^{Town} *Neor* ^{County} *Caroline* **MARYLAND**

Date of death *1907* ^{Month} *Sept* ^{Day} *20* Age *3* ^{Years} *3* ^{Months} *3* ^{Days}

Sex *Male* Color or Race *W* Birth-place *Balti*

Occupation *none* Where Residing if not at place of death *none*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Don't know* Father's Birthplace *Don't know*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving information *Walter Jasler* How related to deceased *none*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Chronic Gastro Enteritis* How long *unknown*

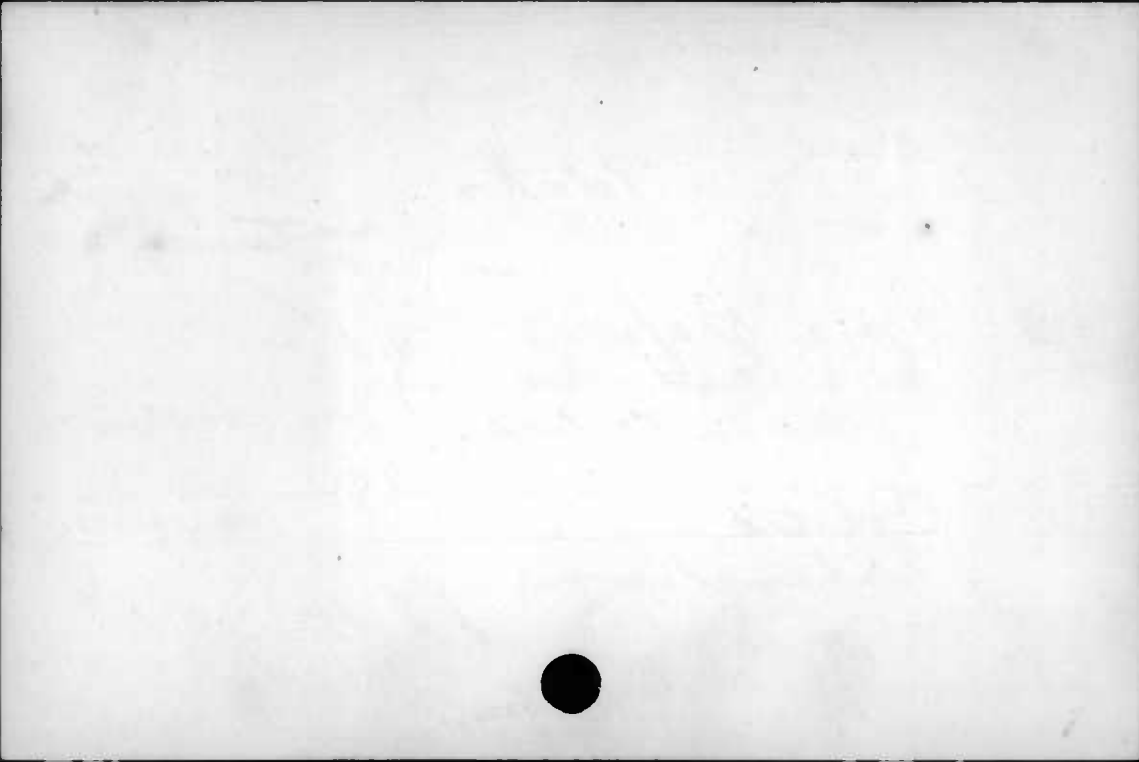
Immediate *same* How long

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Raymond Dawson*

Address

Accident or Suicide? ☒



Name
in
Full

Annie Krapka

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

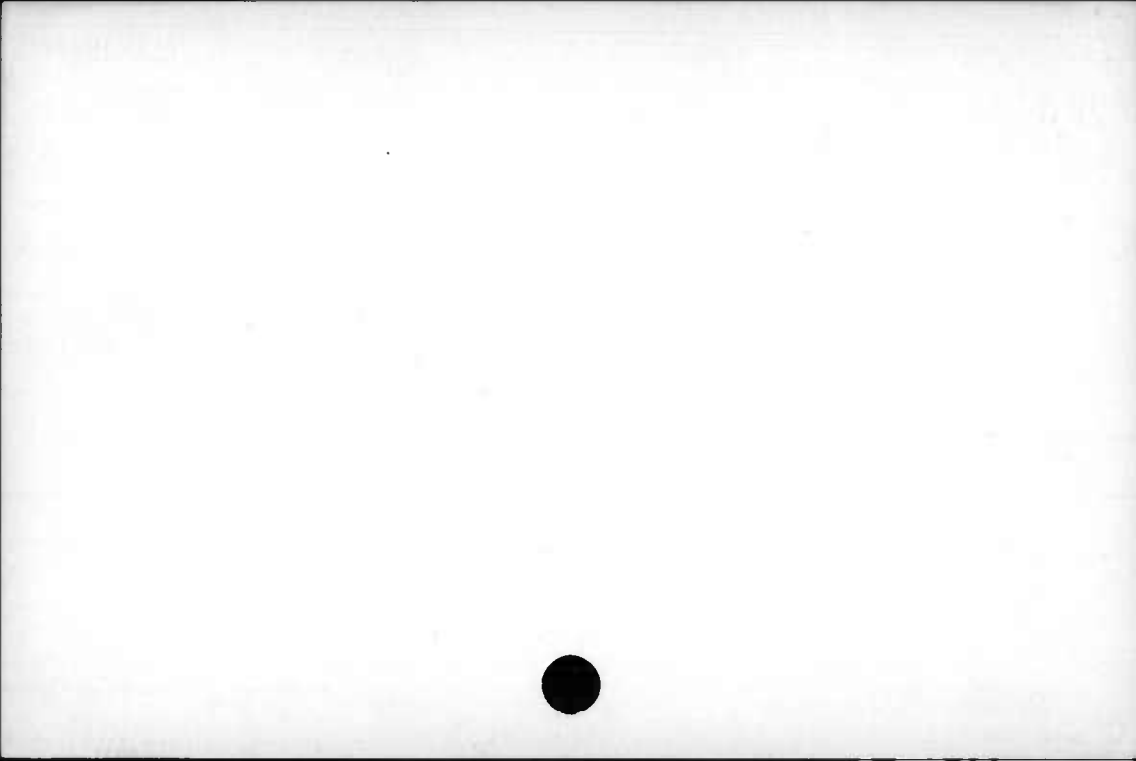
Died at <i>near Ridgely</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>13</i>	Age	Years	Months <i>13</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>Polish</i>		Birth-place <i>Maryland</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>Baltimore</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>George Krapka</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Eva Sendorka</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>George Krapka</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Colitis</i>	How long	<i>one week</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Bone M.D.</i>	
<i>Yes</i>		Address <i>Ridgely</i>	
Accident or Suicide?		<i>No</i>	



Name
in
Full

R H Layfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

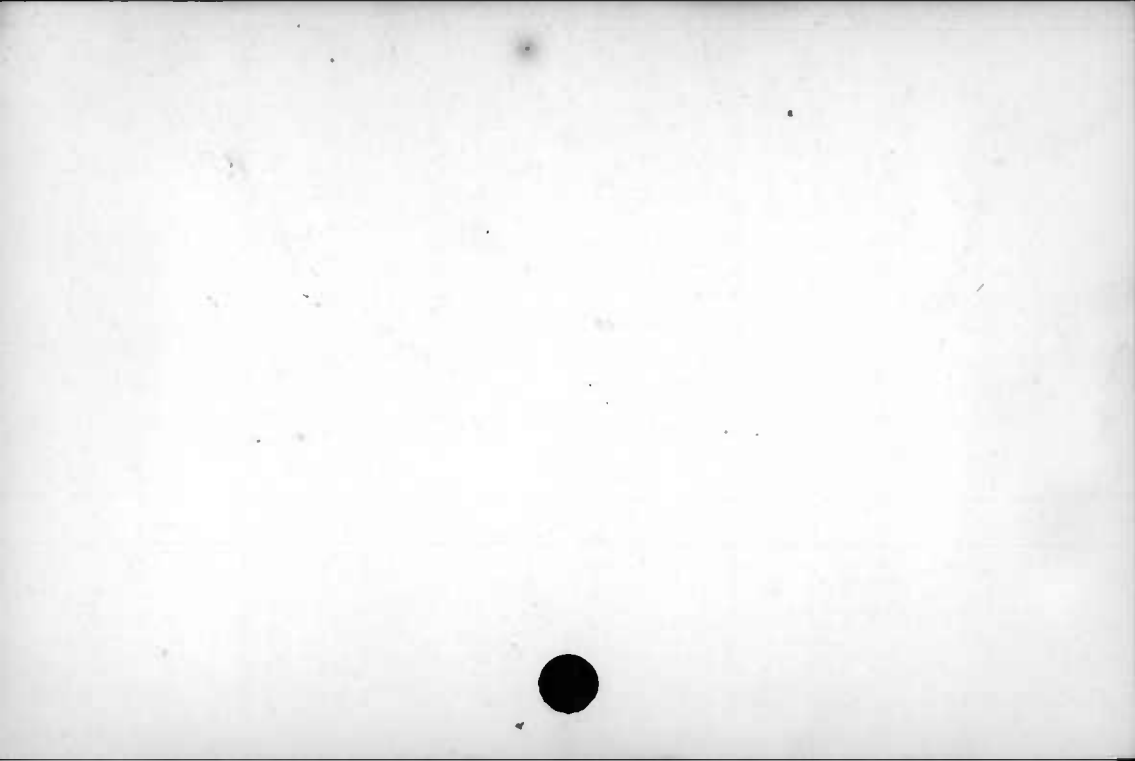
Died at <i>New York</i>		County <i>Coral Gables</i>		MARYLAND	
Date of death	1907	Month	Sept	Day	1
Age		Years		Months	Days
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Del</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Grave</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Don't know</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Mr. Jensen</i>		How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>6 mos</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Raymond Downes</i>	
		Address <i>Princeton</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Romain McGeer
Town *Federalburg* County *Carroll*

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Federalburg* *Carroll*
Date of death 190 *7* Month *9* Day *1* Age *2* Years Months *2* Days *7*

Sex *Male* Color or Race *Blk.* Birthplace *Federalburg Md*
Occupation *infant* Where Residing if not at place of death *-*

Married, Single or Widowed *-* Name of Wife or Husband *-*

Father's Name *Winfred McGeer* Father's Birthplace *Federalburg*

Mother's Maiden Name *Evelyn Thomas* Mother's Birthplace *11*

Name of person giving information *Geo. F. Gachway* How related to deceased *-*

CAUSES OF DEATH

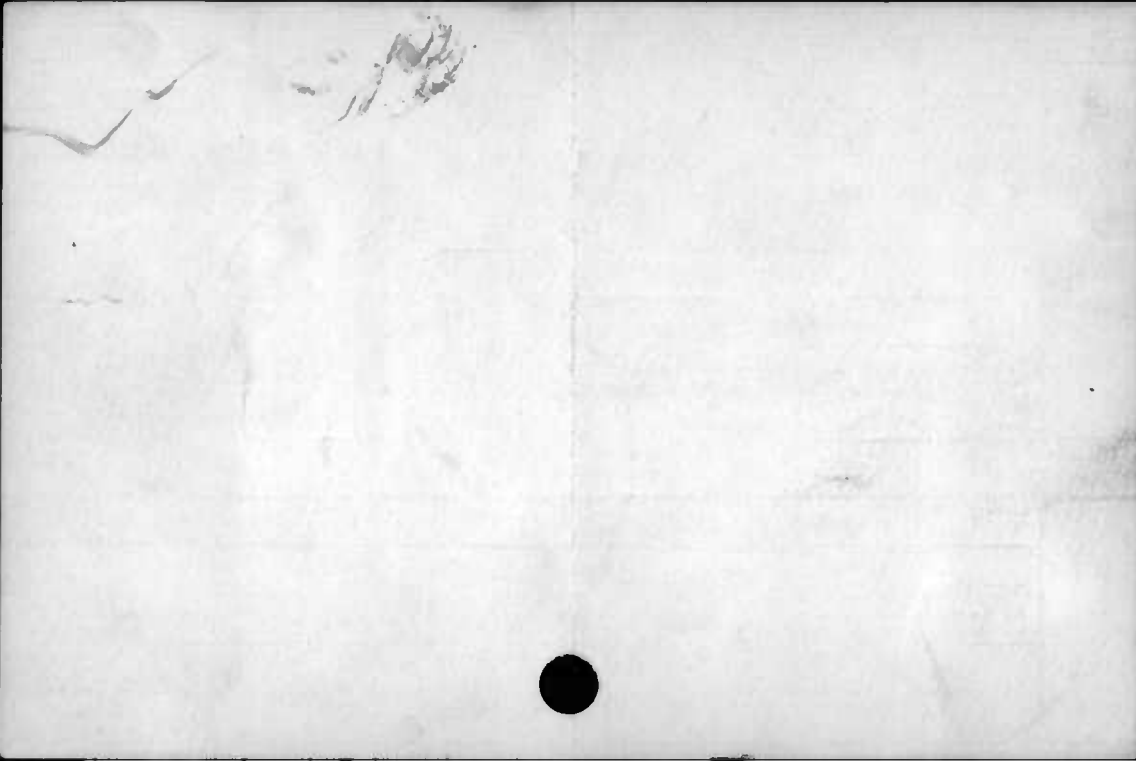
PHYSICIAN
OR CORONER

Primary *Marasmus* *(151)* How long *16 wks*

Immediate *-* How long *-*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Geo. F. Gachway*
Address *Federalburg Md.*

Accident or Suicide? *-*



Name
in
Full

William C Maloney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

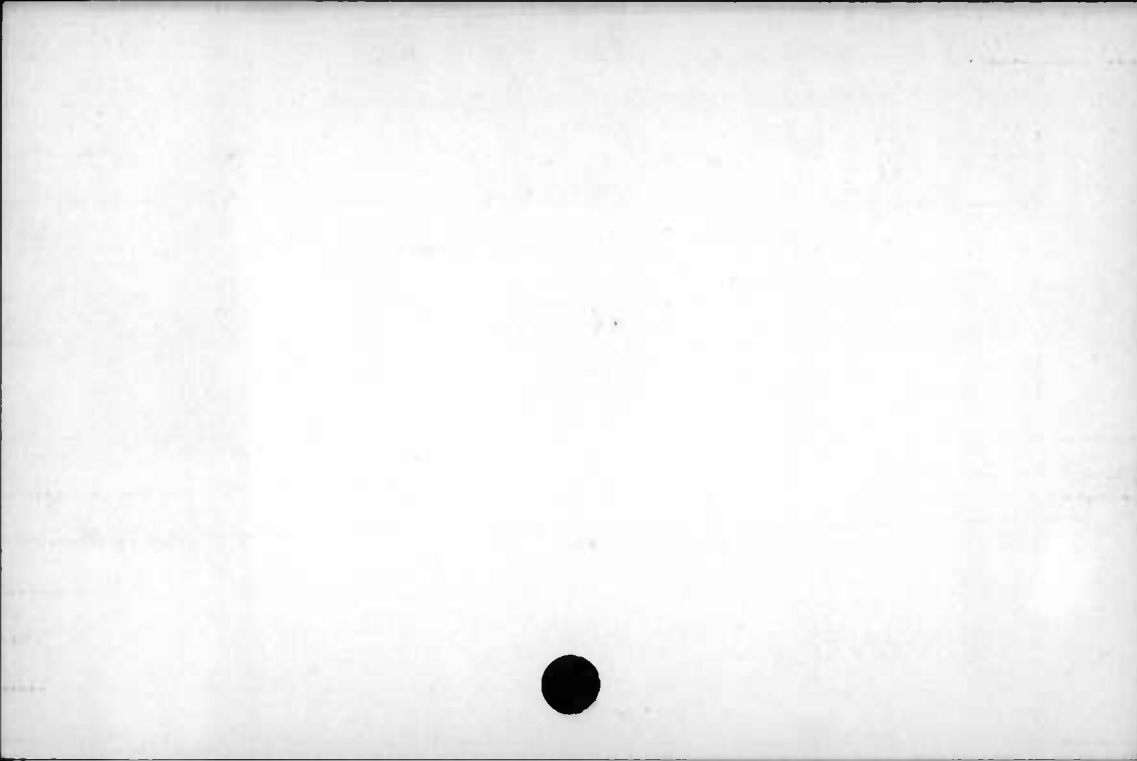
Died at		Denton		County		Caroline		MARYLAND	
Date of death		1907	Month	Sept	Day	13	Age	64	Years
Sex		Male		Color or Race		White		Birth-place	
Occupation		Farmer		Where Residing if not at place of death		Denton Md		Maryland	
Married, Single or Widowed		Married		Name of Wife or Husband		Ida J. O'Day		Father's Birthplace	
Father's Name		Edward L. Maloney		Mother's Maiden Name		Maloney		Maryland	
Name of person giving information		Anna Callitt		How related to deceased		Daughter		Maryland	

CAUSES OF DEATH

(40)

PHYSICIAN
OR CORONER

Primary		Cancer of the liver		How long		8 Months	
Immediate		Exhaustion		How long		Few days	
Are the name, age, sex, color, date and place correctly given above?		J		Signature of Physician		Dr. George W. D.	
Address		Denton		County		Caroline	
Accident or Suicide?		No		Address		Maryland	



Name
in
Full

Not named (Infant child of Geo. Pritchett & Adeline Williams)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Hillsboro TownCounty CarolineDate of death 1907 Sept 22 Day 22 Age — Years — Months 2 Days 22Sex Female Color or Race black Birth-place Hillsboro, MdOccupation child Where Residing if not at place of death —Married, Single or Widowed child Name of Wife or Husband noneFather's Name Geo. Pritchett Father's Birthplace Md.Mother's Maiden Name Adeline Williams Mother's Birthplace Md.Name of person giving information Geo. Pritchett How related to deceased Father

CAUSES OF DEATH

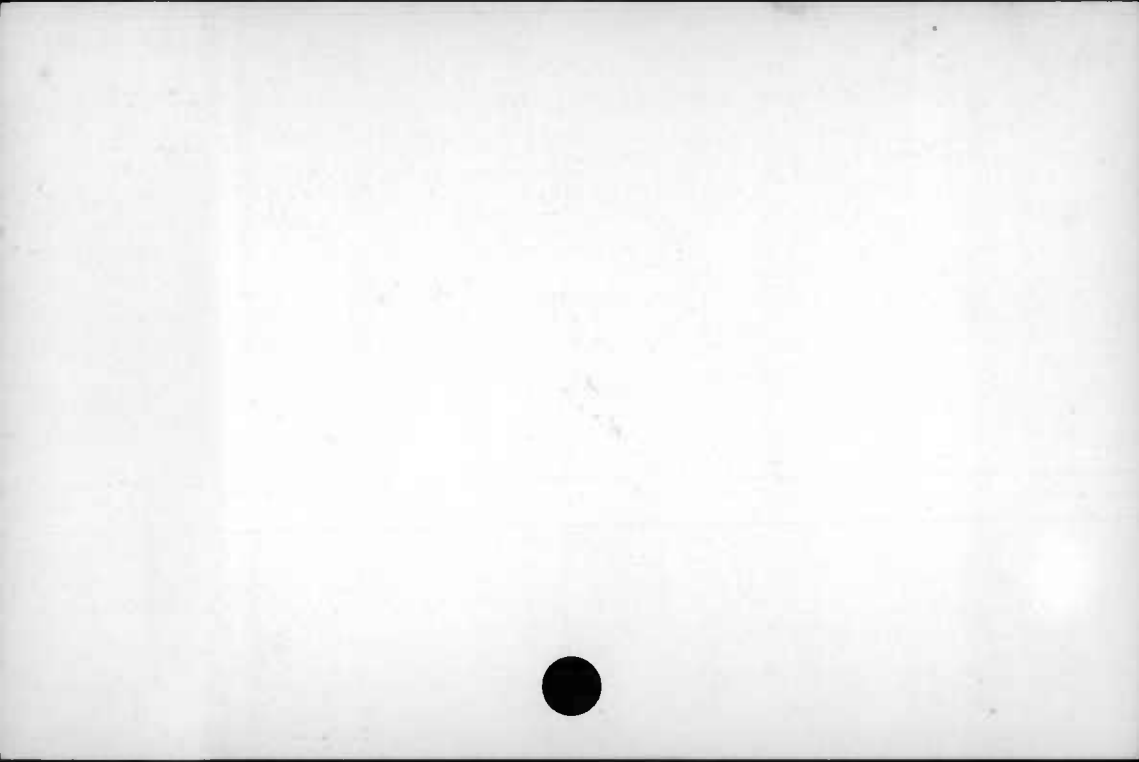
8

Primary Whooping Cough How long 2 weeksImmediate Pharyngitis How long —Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

A. W. B. Rowe, M.D.
Hillsboro,
Md.Accident or Suicide? h



Name
in
Full

Not named -

Pritchett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Hillstons ^{Town}Caroline ^{County}

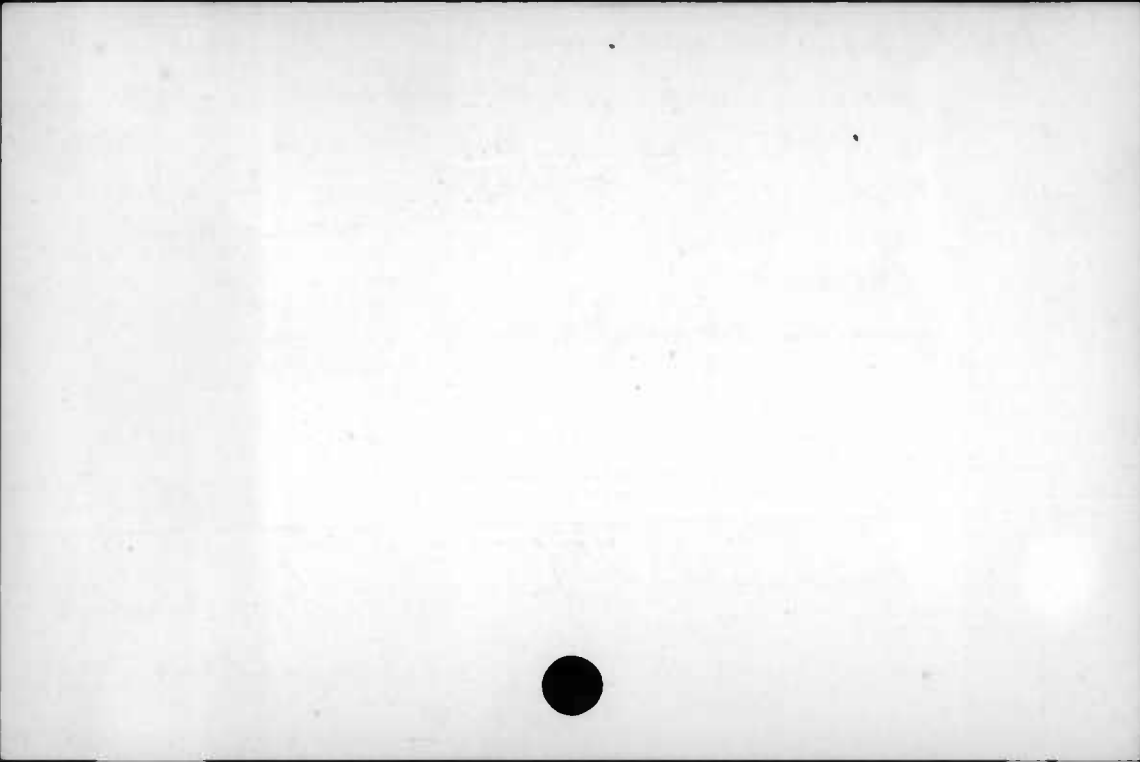
MARYLAND

Date of death 190 7 ^{Month} Sept ^{Day} 13Age 18 ^{Years}18 ^{Months} 18 ^{Days}Sex maleColor or Race blackBirth-place Caroline, MdOccupation InfantWhere Residing if not at place of death ---Married, Single or Widowed singleName of Wife or Husband NoneFather's Name George PritchettFather's Birthplace Md.Mother's Maiden Name Addie WilliamsMother's Birthplace Md.Name of person giving information George PritchettHow related to deceased father

CAUSES OF DEATH

(8)

Primary PertussisHow long 1 weekImmediate Not known (no attending physician)How long ---Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician St. H. B. Roush, Md.Address Hillstons, MdAccident or Suicide? No



Name
in
Full

Wm H. Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

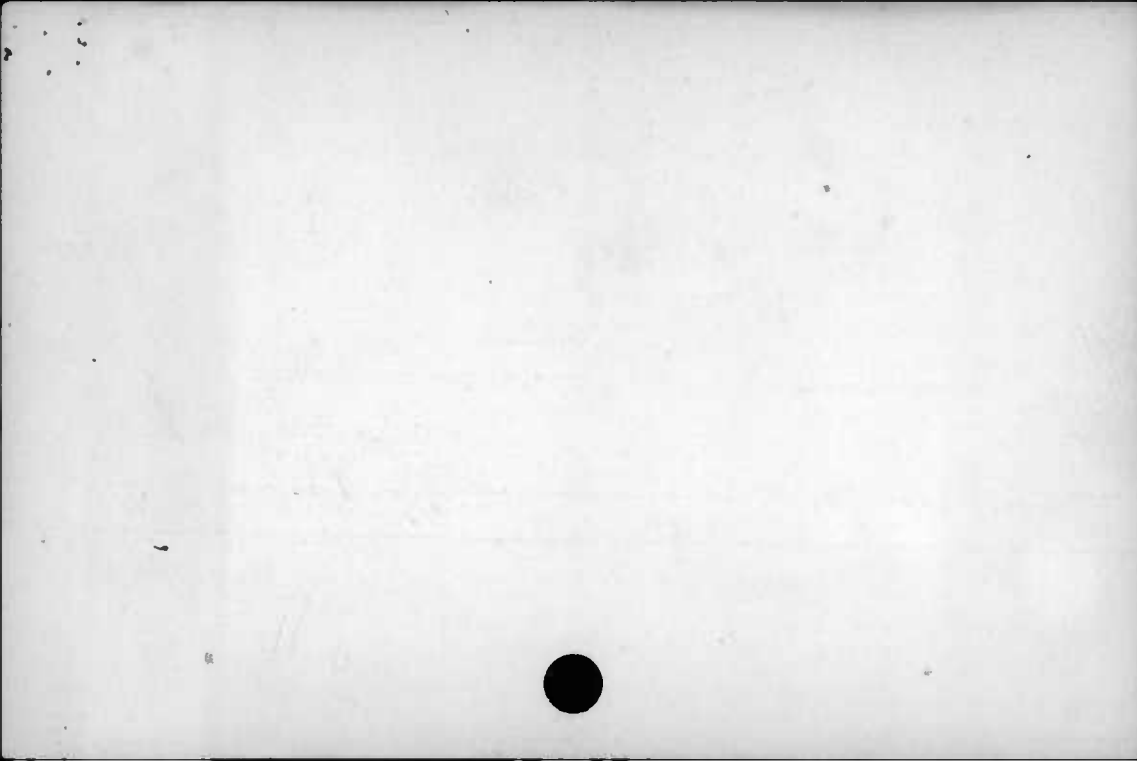
Died at Pleasantboro		County Caecil		STATE MARYLAND	
Date of death 1907	Month Sept	Day 29	Years 61	Months 3	Days 26
Sex Male		Color or Race White		Birth-place Near Ridgely	
Occupation Agent		Where Residing if not at place of death Pleasantboro			
Married, Single or Widowed Married	Name of Wife or Husband Mary Amelia Simpson				
Father's Name James Simpson	Father's Birthplace Unknown		Mother's Birthplace Unknown		
Mother's Maiden Name Unknown	Name of person giving information M. Elise Rose		How related to deceased Adopted daughter		

CAUSES OF DEATH

(67)

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 2 yr.
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. W. Fildesburg
9	Address Pleasantboro, Md.
Accident or Suicide? X	



Name
in
Full

Ada Foster Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Near Bethlehem ^{County} Caroline MARYLAND

Date of death 1907 Sept 4 Age 28 Months — Days —

Sex Female Color or Race Black Birth-place Talbot

Occupation Servant Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Gus Skinner

Father's Name Chas Foster Father's Birthplace Caroline

Mother's Maiden Name — Not Known Mother's Birthplace "

Name of person giving Information Jno W Stanford How related to deceased Cousin

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

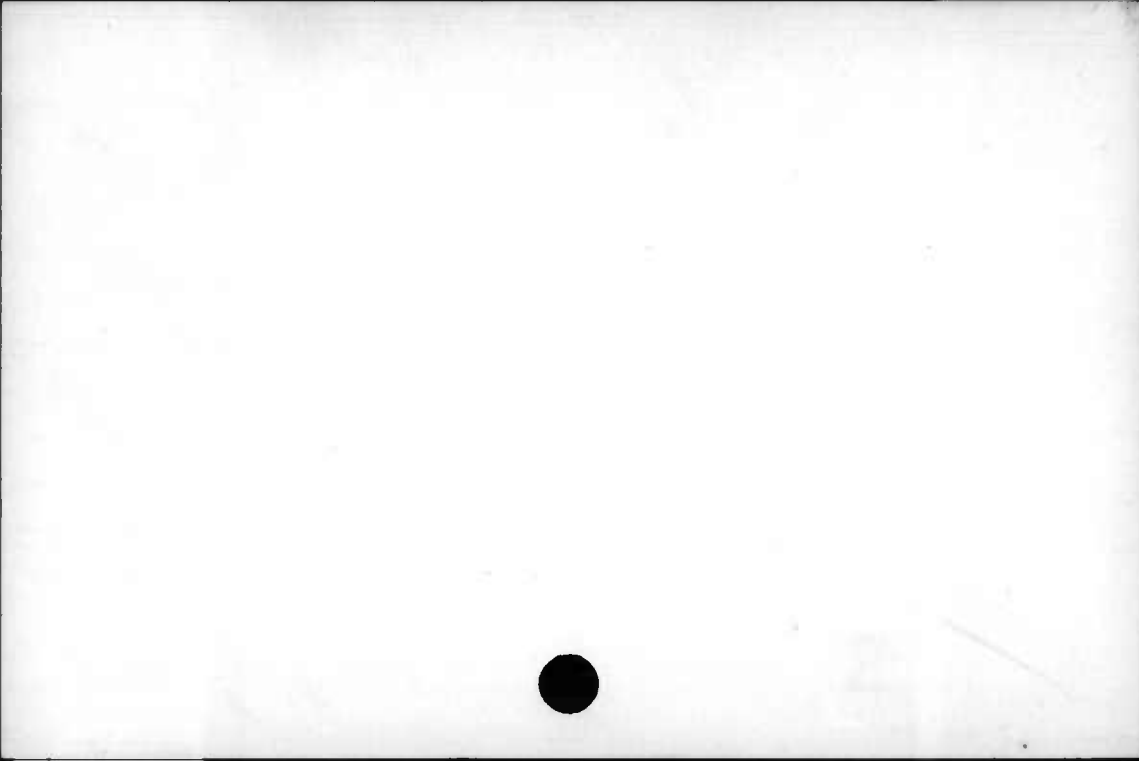
Primary Pulmonary Tuberculosis acute & exhaustion How long 5 mos

Immediate How long few days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Chas. W. Stanford Address Easton - Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

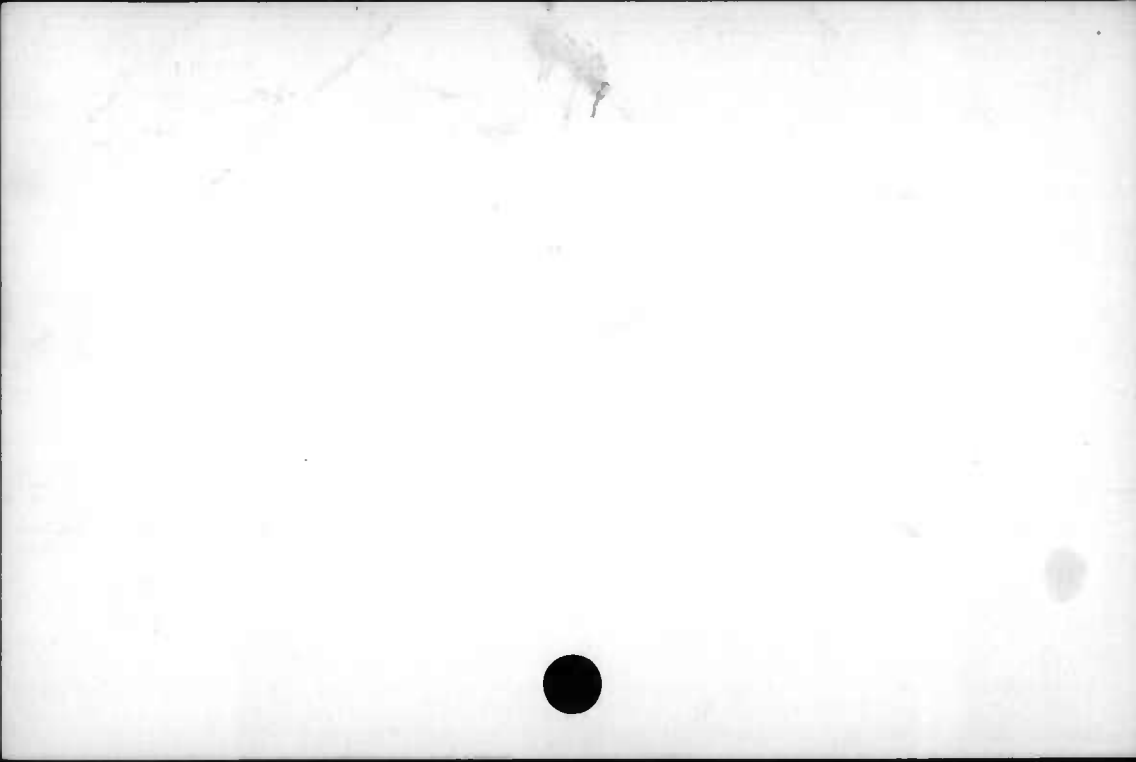
Name in Full <i>William Emory Temple</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		State <i>MARYLAND</i>	
Died at <i>Ridgely</i>		Date of death 1907		Month <i>Sept</i>		Day <i>28</i>	
Age <i>71</i>		Years <i>10</i>		Months <i>7</i>		Days <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place <i>Maryland</i>			
Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or <i>Rachel Emily Temple</i>					
Father's Name <i>James Temple</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>Mrs. Nellie Corum</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis</i>		How long <i>—</i>	
Immediate <i>Apoplexy</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. P. Madara</i>	
Address <i>Ridgely Md.</i>			
Accident or Suicide? <i>—</i>			



Name
in
Full

Geo W. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

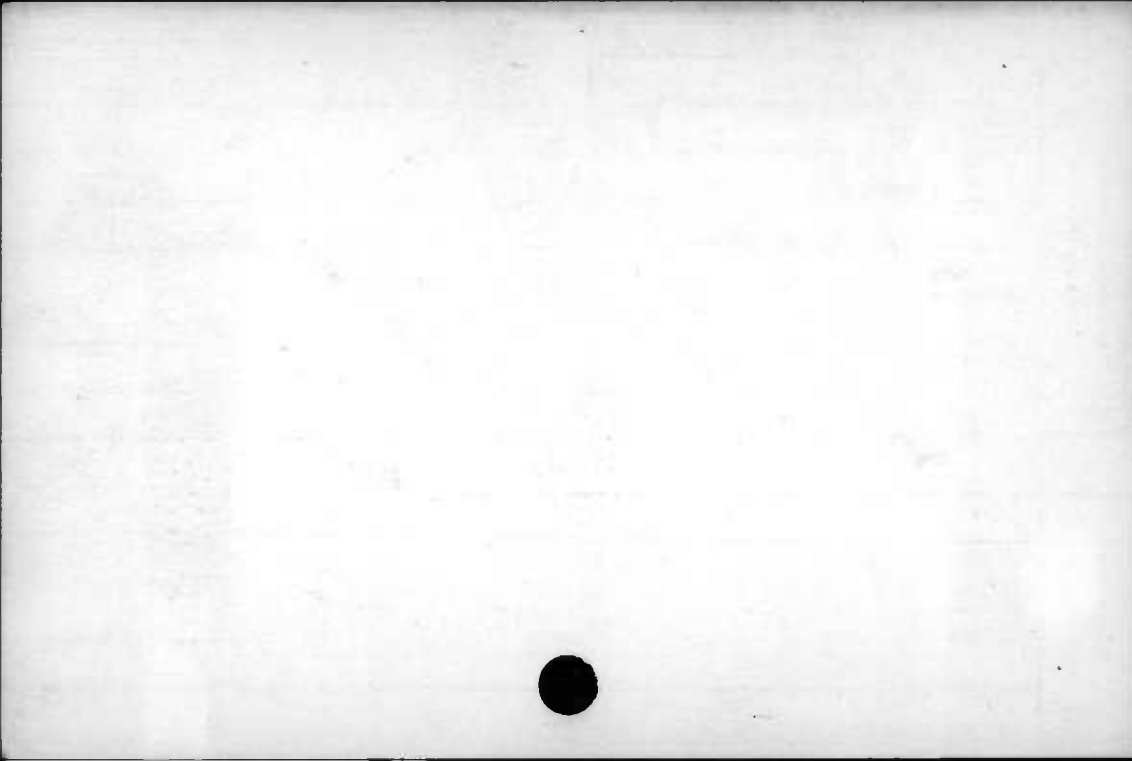
Died at <u>Denton</u> <small>Town</small>			<u>Conover</u> <small>County</small>			MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>9</u> <small>Day</small> <u>17</u>		Age <u>70</u> <small>Years</small>		<u> </u> <small>Months</small>		<u> </u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Denton</u>			
Occupation <u>none</u>				Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>					
Father's Name <u>Samuel Thomas</u>		Father's Birthplace <u>Denton</u>					
Mother's Maiden Name <u>Susan Keith</u>		Mother's Birthplace <u>Denton</u>					
Name of person giving information <u>Wm Thomas</u>		How related to deceased <u>Cousin</u>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>6 mos.</u>
Immediate <u>Heart Failure</u>	How long <u>Instant</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Nichols M.D.</u>
	Address <u>Denton Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Rufus Todd

CERTIFICATE OF DEATH

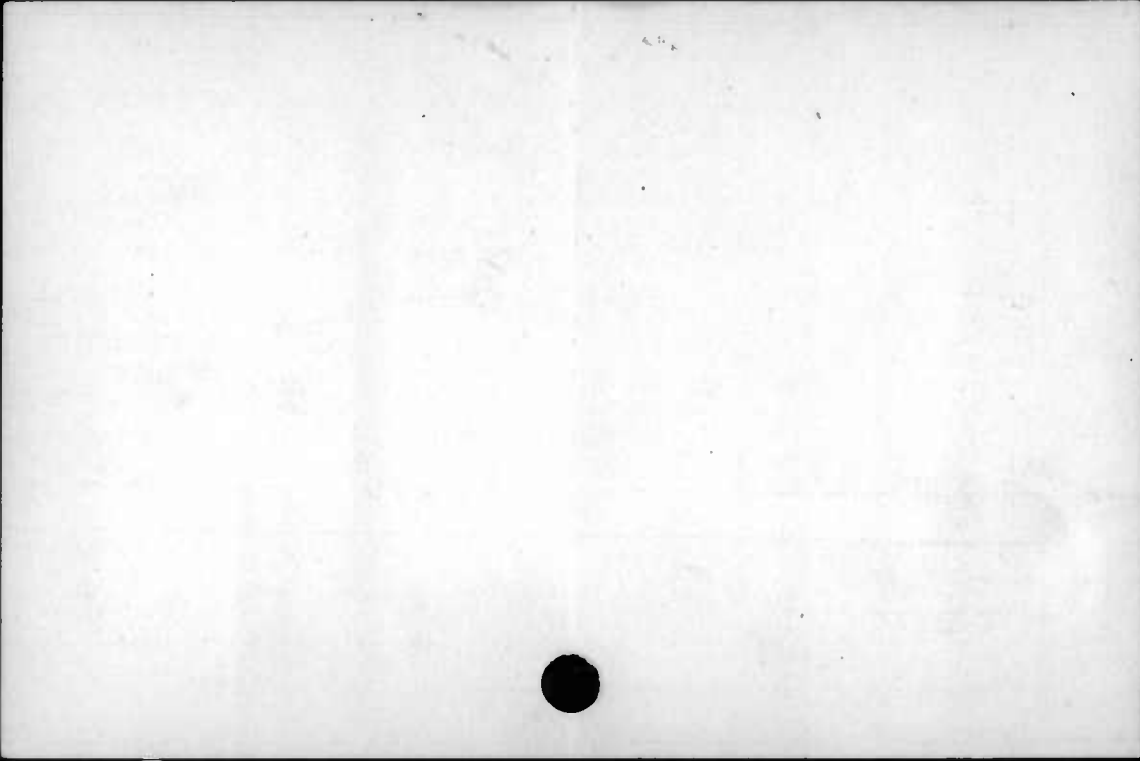
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Federalburg		County Caroline		MARYLAND	
Date of death		1907	Month 9	Day 25	Age 32	Years	Months —
Sex Male		Color or Race White		Birth-place Caroline			
Occupation Farmer		Where Residing if not at place of death near Federalburg					
Married, Single or Widowed — Married		Name of Wife or Husband Estlin (nee Meredith)					
Father's Name Richard Todd		Father's Birthplace Caroline					
Mother's Maiden Name Sarah Bovey		Mother's Birthplace Caroline					
Name of person giving information Geo. F. Galloway		How related to deceased Physician					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid	How long	4 wks.
Immediate	Pneumonia	How long	2 wks.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Geo. F. Galloway	
Address		Federalburg.	
Accident or Suicide?		No.	



Name
in
Full

Ella Trice

CERTIFICATE OF DEATH

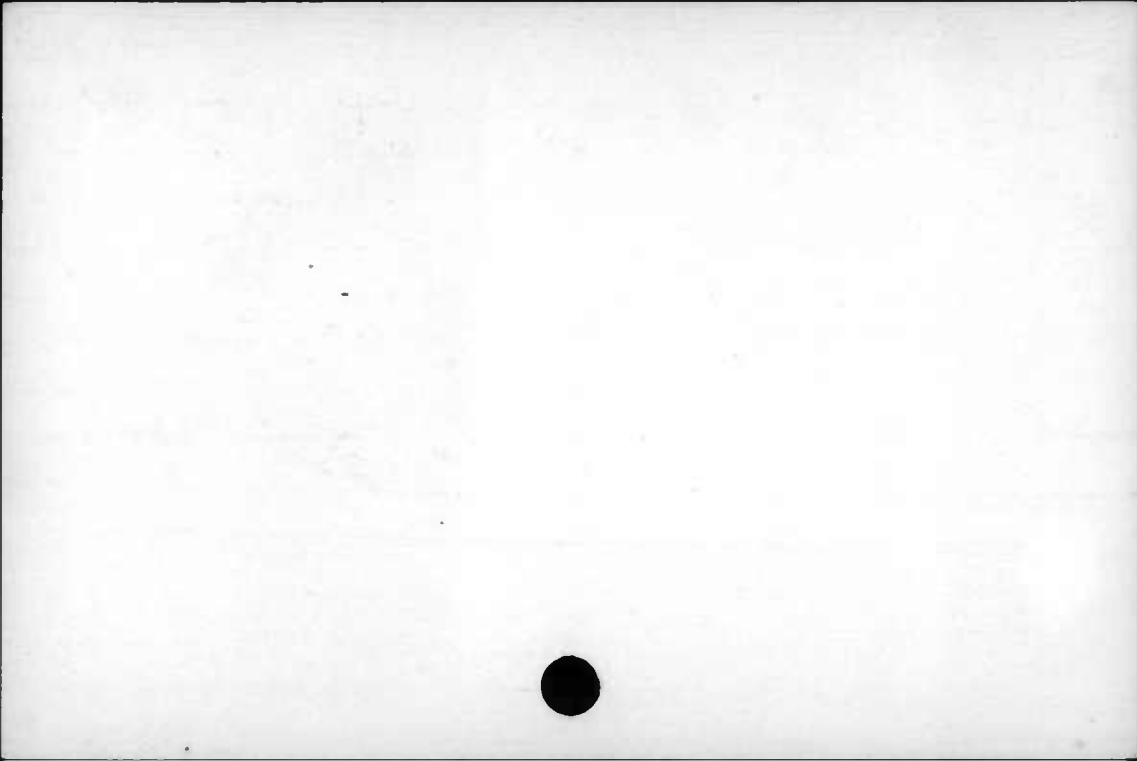
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Newton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1907	Month	9	Day	5 -
Age		42		Months	11
Days		5 -			
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Ind</i>				
Occupation	<i>None</i>		Where Residing if not at place of death <i>None</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>		
Father's Name	<i>Wm Trice</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Ross</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>C. E. Trice</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>3 Weeks</i>
Immediate	<i>None</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. R. Fisher</i>
		Address	<i>Newton Ind</i>
Accident or Suicide?	<i>—</i>		



Name

in
Full

William Turner

CERTIFICATE OF DEATH

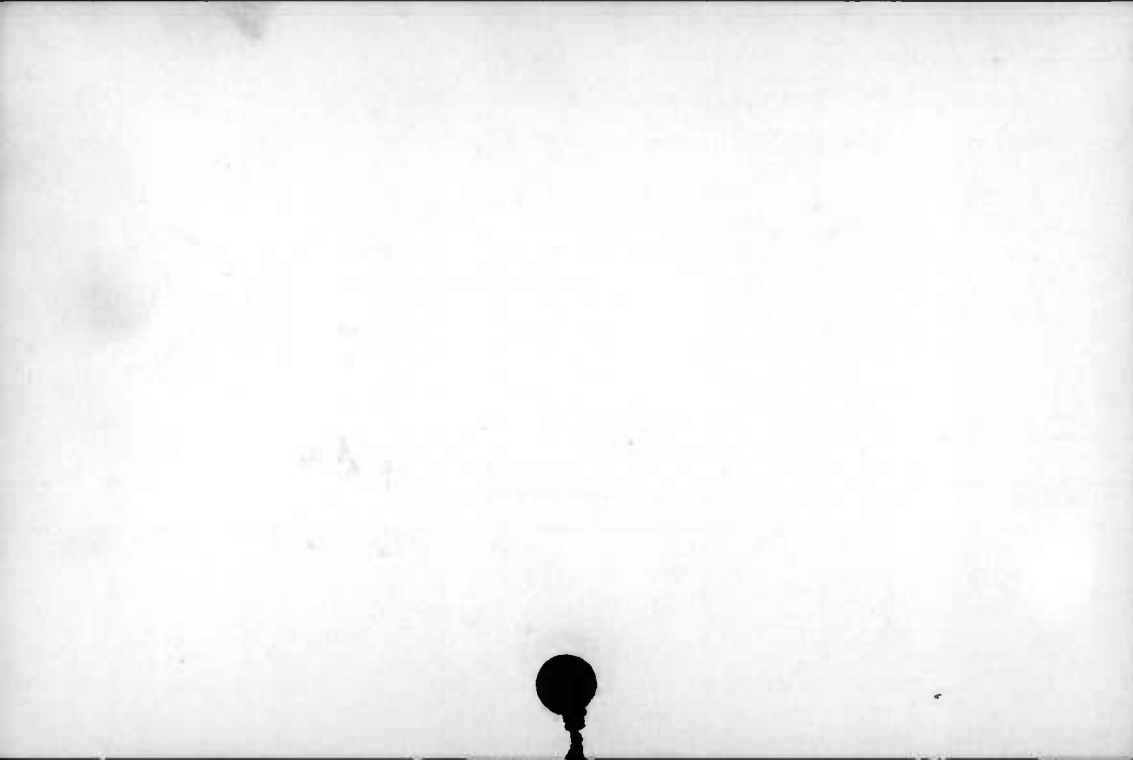
Died ^{Town} near Preston		County Caroline		MARYLAND	
Date of death 1907		Month Sept	Day 12	Age 83	Months — Days —
Sex male	Color or Race White	Birthplace Maryland			
Occupation Farmer		Where Residing if not at place of death —			
Married, Single or Widowed widowed	Name of Wife or Husband Susan Miller				
Father's Name Garrison Turner	Father's Birthplace Maryland		Mother's Birthplace Don't Know		
Mother's Maiden Name Don't Know	Name of person giving information Robert Long		How related to deceased none		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary Heart Failure	How long 6 hours
Immediate —	How long 1
Are the name, age, sex, color, date and place correctly given above? yrd	Signature of Physician J. L. Tobler
	Address Preston Md.
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
FullInfant = not named *Wilkinson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

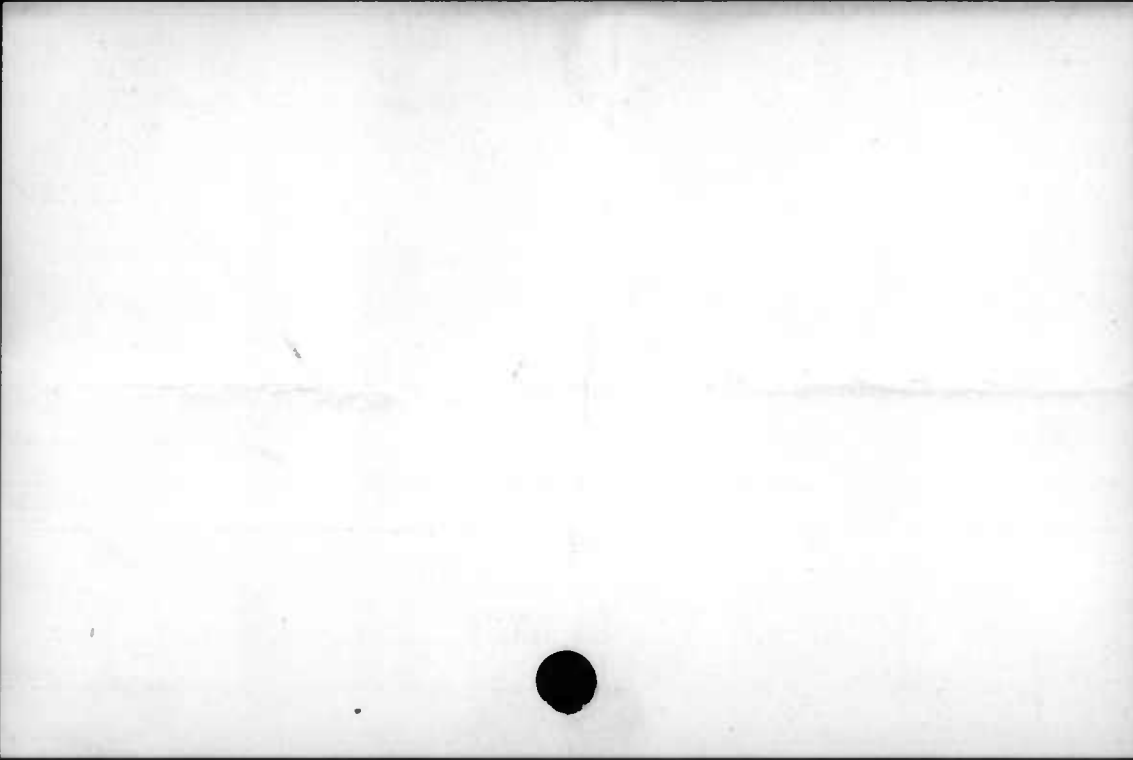
Died at <i>Thomville</i> Town		<i>Caroline</i> County			
Date of death	1907	Month	<i>Sept</i>	Day	<i>14</i>
Age	<i>—</i>		Years	Months	<i>1</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>	
Occupation	<i>—</i>		Birth-place	<i>Thomville</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband	<i>Viola Goldsboro</i>	
Father's Name	<i>Elbert Wilkinson</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Viola Goldsboro</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Thomas Goldsboro</i>		How related to deceased	<i>Grandfather</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Summer complaint</i>	How long	<i>One week</i>
Immediate	<i>Heart Failure</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. E. Evans</i>
9	Accident or Suicide?	Address	<i>Manuel Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Town		County		State	
Died at		Federalsburg		Caroline		MARYLAND	
Date of death		1907	Month Sep	Day 19	Age Years	Months 2	Days
Sex		male		Color or Race		white	
Occupation				Birth- place		md.	
Where Residing if not at place of death							
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		D J Williams				Father's Birthplace	
Mother's Maiden Name		Dolly Poulson				md.	
Name of person giving In formation		D J Williams				How related to deceased	
						father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	marasmus	How long	151	2 months
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R Kemp Jefferson	
		Address	Federalsburg	
			md.	
Accident or Suicide?	9			



Name
in
Full

Lewin H Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Federalburg</i>		^{County} <i>Caroline</i>		MARYLAND	
Date of death <i>1907</i>		^{Month} <i>Sep</i>	^{Day} <i>13</i>	^{Age} <i>71</i>	^{Years} <i>71</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>retired</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sallie Collins</i>			
Father's Name <i>Nathan Williams</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Elija Charles</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Sallie Williams</i>		How related to deceased <i>wife</i>			

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary	<i>Cancer of bowel</i>	How long	<i>several years</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R Kemp Jefferson</i>	
		Address <i>Federalburg md</i>	
Accident or Suicide? <i>9</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

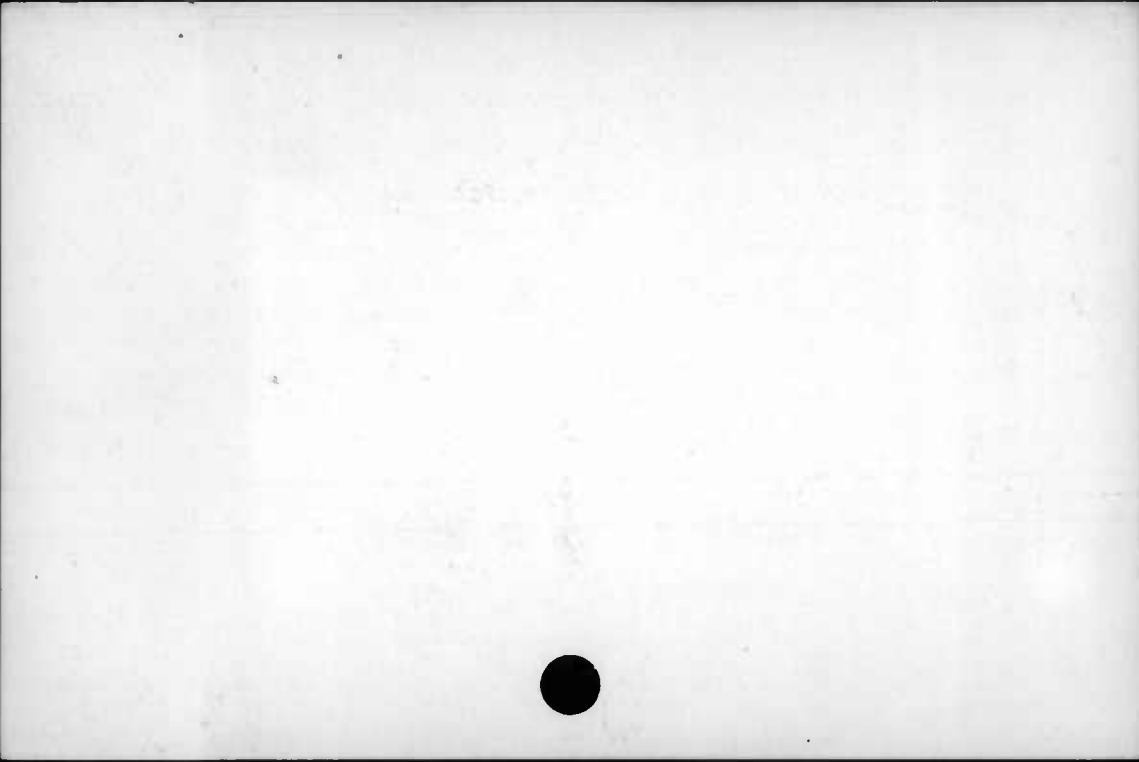
Name: *Sus. Allen Wright*
 Died at: *Town Hillsboro* County: *Caroline* MARYLAND
 Date of death: *1907* *Sept* *28* Age: *5-3* Months: *11* Days: *—*
 Sex: *Male* Color or Race: *Black* Birth-place: *MD*
 Occupation: *Farmer* Where Residing if not at place of death: *—*
 Married, Single or Widowed: *Single* Name of Wife or Husband: *None*
 Father's Name: *Mr. Henry Wright* Father's Birthplace: *MD*
 Mother's Maiden Name: *Emily Anne Lockman* Mother's Birthplace: *MD*
 Name of person giving information: *Anderson Stokes* How related to deceased: *None*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary: *Probably (a) possibly cerebral* How long: *Four hours*
 Immediate: *Probably cerebral compression* How long: *—*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician: *A. M. B. Rowe, M.D.*
 Address: *Hillsboro, MD.*
 Accident or Suicide? *accident* (Physician & coroner) *MD.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Victoria Yearley

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>27</i>	Age <i>53</i>	Years	Months <i>4</i>	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baileys End</i>			
Occupation <i>- None</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Unknown</i>		Father's Birthplace <i>Mass</i>		Mother's Birthplace <i>Id.</i>	
Father's Name <i>J. J. Bloddard</i>		Mother's Maiden Name <i>Ann E. Menzies</i>		Name of person giving information <i>Constance E. Wilson</i>		How related to deceased <i>Sister</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>3 years</i>
Immediate	<i>Uremia</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Madara</i>	
<i>yes</i>		Address <i>Ridgely Md.</i>	
Accident or Suicide? <i>J</i>			

